



APPLICATION FOR EMPLOYMENT -TOWN OF ELKTON

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status or any other legally protected status.

(PLEASE PRINT)

Position (s) Applied For

Date of application

How did you learn about us?

☐ Advertisement

☐ Relative

☐ Inquiry

☐ Employment Agency

☐ Friend

☐ Other

Last Name:

First name:

Middle Name:

Address:

Number or Street:

City

State

Zip:

Telephone number:

Social Security

Number

Voluntary:

Best time to contact you at home is

☐ A.M.

☐ P.M.

If you under 18 years of age, can you provide required
proof of your eligibility to

☐ yes

☐ no

Have you filed an application with us before?

☐ yes

☐ no

.....If yes, give date

Have you ever been employed with us before?

☐ yes

☐ no

.....If yes, give date

Do any of your friends or relatives, other than spouse, work here?.....

☐ yes

☐ no

Are you currently employed?

☐ yes

☐ no

May we contact your present employer?

☐ yes

☐ no

Are you prevented from lawfully becoming employed in this
Country because of Visa or Immigration Status?

.....*Proof of Citizenship or immigration status will be required upon employment.*.....

☐ yes

☐ no

Date available for work ____/____/____

What is your desired salary range? _____

Are you available to work full time? ☐ Full Time

☐ Part Time

☐ Temporary

(please indicate shift) 1 2 3

(please indicate Mornings Afternoons Evenings

(please indicate dates available ____/____/____

Are you currently on lay-off status and subject to recall?

☐ yes

☐ no

Can you travel if the job requires it?

☐ yes

☐ no

WE ARE AN EQUAL OPPORTUNITY EMPLOYER



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| | Name & Address of School | Course of Study | Number of Years Completed | Diploma Degree |
|-----------------------|--------------------------|-----------------|---------------------------|----------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

| Describe any specialized training, apprenticeship, skills and extra-curricular activities |
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| Describe any job-related training received in the United States military |
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EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which include race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | |
|-------------------|-------------|---------------------------|-------|----------------|
| Employer | | <u>Dates Employed</u> | | Work Performed |
| | | From: | To: | |
| Address: | | | | |
| Telephone Number: | | <u>Hourly Salary Rate</u> | | |
| Job Title: | Supervisor: | Starting | Final | |
| Employer | | <u>Dates Employed</u> | | Work Performed |
| | | From: | To: | |
| Address: | | | | |
| Telephone Number: | | <u>Hourly Salary Rate</u> | | |
| Job Title: | Supervisor: | Starting | Final | |
| Employer | | <u>Dates Employed</u> | | Work Performed |
| | | From: | To: | |
| Address: | | | | |
| Telephone Number: | | <u>Hourly Salary Rate</u> | | |
| Job Title: | Supervisor: | Starting | Final | |
| Employer | | <u>Dates Employed</u> | | Work Performed |
| | | From: | To: | |
| Address: | | | | |
| Telephone Number: | | <u>Hourly Salary Rate</u> | | |
| Job Title: | Supervisor: | Starting | Final | |
| Employer | | <u>Dates Employed</u> | | Work Performed |
| | | From: | To: | |
| Address: | | | | |
| Telephone Number: | | <u>Hourly Salary Rate</u> | | |
| Job Title: | Supervisor: | Starting | Final | |
| Employer | | <u>Dates Employed</u> | | Work Performed |
| | | From: | To: | |
| Address: | | | | |
| Telephone Number: | | <u>Hourly Salary Rate</u> | | |
| Job Title: | Supervisor: | Starting | Final | |

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and office held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills

(Check Skills/Equipment Operated)

| ___ Terminal | ___ Spreadsheet | Production/Mobile Machinery (list) | Other (list) |
|----------------|---------------------|---------------------------------------|--------------|
| ___ PC/MAC | ___ Word Processing | _____ | _____ |
| ___ Typewriter | ___ Shorthand | _____ | _____ |
| ___ WPM | ___ WPM | _____ | _____ |

**State any additional information you feel may be helpful to us
In considering your application.**

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential function of the job, for which you are applying, either with or without a reasonable accommodation? ___YES ___NO

REFERENCES

| | |
|----------|--------|
| 1. | |
| Name: | Phone: |
| Address: | |
| 2. | |
| Name: | Phone: |
| Address: | |
| 3. | |
| Name: | Phone: |
| Address: | |



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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements, contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview (s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Sign:

Signature of Applicant

Date:

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview ☐ Yes ☐ No

Remarks:

Interviewer

Date:

Employed: ☐ Yes ☐ No Date of Employment::

Job Title: Hourly Rate/Salary : Department:

By:

NAME AND TITLE

DATE

FOR PERSONNEL DEPARTMENT USE ONLY

Position (s) Applied for is Open ☐ Yes ☐ No

:

Position Considered for

Date:



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File name: P:/Cshifflett/Application 03 25 2010

Rev. 03/26/2010